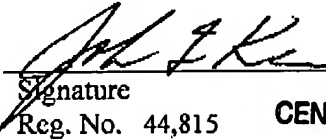


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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of:

Applicant : Gopi M. Venkatesh
Serial No. : 10/658,078
Filed : September 9, 2003
Title : EXTENDED RELEASE SYSTEMS FOR MACROLIDE ANTIBIOTICS
Docket : 451194-092
Examiner : Yong Soo Chong
Art Unit : 1617

Mail Stop Amendment
COMMISSIONER FOR PATENTS
P.O. BOX 1450
ALEXANDRIA, VA 22313-1450

Sir:

AMENDMENT

The present submission is filed in response to the Office action dated September 19, 2005. Applicants request a one-month extension of time and submit herewith the applicable fee. Please amend the above-identified application as follows:

Amendments to the claims are reflected in the listing of claims, which begins on page 2 of this paper.

Remarks/arguments begin on page 6 of this paper.

PTO/SB/17 (12-04)
Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)**120.00**

Complete if Known

Application Number **10/658,078**
Filing Date **09/09/2003**
First Named Inventor **Gopi M. Venkatesh**
Examiner Name **Yong Soo Chong**
Art Unit **1617**
Attorney Docket No. **451194-092**

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METHOD OF PAYMENT (check all that apply)

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☐ Deposit Account Deposit Account Number: **20-0809** Deposit Account Name: **Thompson Hine LLP**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

HP = Highest number of total claims paid for, if greater than 20

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**

 - 100 = / 50 = (round up to a whole number) x =

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Petition for one-month Extension of Time

Fees Paid (\$)

\$120.00

SUBMITTED BY

Signature John F. Kane Registration No. **44,815** Telephone **937-443-6816**
(Attorney/Agent)
Name (Print/Type) John F. Kane Date 1/19/06

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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TO: Commissioner for Patents
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PTO/SB/21 (09-04)


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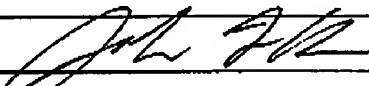
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/658,078	
	Filing Date	September 9, 2003	
	First Named Inventor	Gopi M. Venkatesh	
	Art Unit	1617	
	Examiner Name	Yong Soo Chong	
Total Number of Pages in This Submission	10	Attorney Docket Number	451194-092

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<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks The Commissioner is hereby authorized to charge any additional fees required (including the fee for any extension of time), or to credit any overpayment, to Deposit Acct. No.: 20-0809.		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Thompson Hine LLP	
Signature		
Printed name	John F. Kane	
Date	1/19/2006	Reg. No. 44,815

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Signature	
Typed or printed name	John F. Kane
Date	1/19/2006

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